

GENERAL INFORMATION

Organizer: Défi sportif 2010

Date: April 30 to May 2

Venue: Complexe sportif Claude-Robillard, 1000 Émile-Journault street, Montreal, Canada

Weapons – Individual competition: Foil, Epee and Sabre

Weapons – Team competition: To be confirmed

Categories: A, B & C (Foil and Epee competition only in the C category)

Equipment: In accordance with F.I.E. and I.W.F.C. rules

Competition rules: In accordance with F.I.E. and I.W.F.C. rules

Event coordinator:

Maxime Gagnon, Operations manager, 514-933-2739 (213), max@defisportif.com

Laurence Tétreault, Competitions coordinator, 514-933-2739 (221), laurence@defisportif.com

Entry fee: 3 nights • double occupation • 360 Euros
4 nights • double occupation • 440 Euros

Entry fee deadline: March 8th

Entry fee includes: - 9 meals (3 nights stay)
- 12 meals (4 nights stay)
- Transportation
- IWAS-fee
- Double occupancy

Hotel accommodation: Days hotel, 1005 Guy street, Montreal, Quebec, H3H 2B4,
phone number: 514-938-4611 • <http://www.daysinn.qc.ca/>

Referees: Each delegation must submit a specific number of referees to the Technical Board of Directors, according to the following ratio:

- 1 to 4 fencers = 0 referees
- 5 to 8 fencers = 1 referee
- More than 8 fencers = 2 referees

Please note that any delegation not respecting this rule will be fined 500 Euros.

ENTRY FEE FORM

Team name: _____	Country: _____
Contact person: _____	Email: _____
Phone: _____	Fax: _____

COMPETITORS

First name and last name	M/F	Category	Wheelchair Y/N	Foil	Epee	Sabre	Team comp.	Shirt-size	3 nights stay	4 nights stay
1-										
2-										
3-										
4-										
5-										
6-										
7-										
8-										
9-										
10-										

OTHERS

First name and last name	M/F	Wheelchair Y/N	Coach	Staff	Referee	Shirt size	3 nights stay	4 nights stay
1-								
2-								
3-								
4-								
5-								
6-								

SUMMARY

Number of fencers (3 nights stay) =	<input type="text"/>	X 360 Euros =	<input type="text"/>	Euros
Number of fencers (4 nights stay) =	<input type="text"/>	X 440 Euros =	<input type="text"/>	Euros
Number of others (3 nights stay) =	<input type="text"/>	X 360 Euros =	<input type="text"/>	Euros
Number of others (4 nights stay) =	<input type="text"/>	X 440 Euros =	<input type="text"/>	Euros
TOTAL PERSONS =	<input type="text"/>	TOTAL =	<input type="text"/>	EUROS

Please note that the inscription must be completed and full payment must be returned by March 8th at the latest. Late fees (100 Euros) will apply for all late entries.

Please, return entry form to the following address:

Défi sportif, 525, rue Dominion, Montreal, Quebec, Canada, H3J 2B4

Phone : (514) 933-2739 (ext. 221) • Fax : (514) 933-9384

Laurence Tétréault, Competitions coordinator • laurence@defisportif.com

PAYMENT OPTIONS

1- Cheque: Please send full payment to the Défi sportif • 525, rue Dominion, Montreal, Quebec, Canada, H3J 2B4 (attention of Laurence Tétréault).

2- Bank Transfer: Caisse d'économie solidaire Desjardins

Address: 2175, de Maisonneuve boulevard East, suite 150, Montréal (Québec), H2K 4S3

Account number: 24371-7

Transit number: 92276-815

Swift code: CCDQCAMM

SPECIFICATIONS

Do you require the assistance of an interpreter: Yes • No

Number of vegetarian meals: _____

Please indicate any food allergy(ies):

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

Name: _____ Allergy (ies): _____

TRAVEL DETAILS

ARRIVAL 1			Date of arrival: _____
By bus <input type="checkbox"/>	By plane <input type="checkbox"/>	By train <input type="checkbox"/>	
Train/flight/bus number: _____	Scheduled time: _____		
Contact person: _____	Cell number: _____		
Number of A-B persons: _____	Number of persons in wheelchair: _____	Total number of persons: _____	

ARRIVAL 2			Date of arrival: _____
By bus <input type="checkbox"/>	By plane <input type="checkbox"/>	By train <input type="checkbox"/>	
Train/flight/bus number: _____	Scheduled time: _____		
Contact person: _____	Cell number: _____		
Number of A-B persons: _____	Number of persons in wheelchair: _____	Total number of persons: _____	

DEPARTURE 1			Date of departure: _____
By bus <input type="checkbox"/>	By plane <input type="checkbox"/>	By train <input type="checkbox"/>	
Train/flight/bus number: _____	Scheduled time: _____		
Contact person: _____	Cell number: _____		
Number of A-B persons: _____	Number of persons in wheelchair: _____	Total number of persons: _____	

DEPARTURE 2			Date of departure: _____
By bus <input type="checkbox"/>	By plane <input type="checkbox"/>	By train <input type="checkbox"/>	
Train/flight/bus number: _____	Scheduled time: _____		
Contact person: _____	Cell number: _____		
Number of A-B persons: _____	Number of persons in wheelchair: _____	Total number of persons: _____	

ACCOMODATION

Please specify below your desired rooming list.

ROOM 1

1-Name: _____	2- Name: _____
A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>	A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>
Date of arrival: _____	Date of arrival: _____
Date of departure: _____	Date of departure: _____

ROOM 2

1-Name: _____	2- Name: _____
A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>	A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>
Date of arrival: _____	Date of arrival: _____
Date of departure: _____	Date of departure: _____

ROOM 3

1-Name: _____	2- Name: _____
A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>	A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>
Date of arrival: _____	Date of arrival: _____
Date of departure: _____	Date of departure: _____

ROOM 4

1-Name: _____	2- Name: _____
A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>	A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>
Date of arrival: _____	Date of arrival: _____
Date of departure: _____	Date of departure: _____

ROOM 5

1-Name: _____	2- Name: _____
A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>	A/B person <input type="checkbox"/> Person in wheelchair <input type="checkbox"/>
Date of arrival: _____	Date of arrival: _____
Date of departure: _____	Date of departure: _____